

USE PERMANENT INK

# ARIZONA STATE DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No. \* 134A

(This return should preferably be made by the person who made the original)

Place of Birth Miami County Gila No.                      St.                     

SEX OF CHILD\* Male                      and                      Number in order of birth                     

DATE OF BIRTH\* June 4th, 1927

FULL\* NAME Damacio Gonsales FATHER

FULL\* MAIDEN NAME Jesus Velasquez MOTHER

I HEREBY CERTIFY that the child described herein has been named

Jose Gonsales

(Give name in full) (Surname)

(Parent's Signature)

                      
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45

172-604-159

File